CLAIMS ONLY			Application Number 10 619 706	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
(1)							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
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12							62							
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29							79							
30							80							
31							81							
32							82							
33							83							
(34)							84							
35							85							
36							86							
(37)							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	39						Total Depend							
Total Claims	42						Total Claims							